

June 28, 2023

IMPORTANT

Update on the Public Service Health Care Plan (PSHCP) adjudication service - Insurer No. 12 -

Effective July 1, 2023, there are changes to the Public Service Health Care Plan (PSHCP) which may have an impact on PSHCP members and their dependants.

For the full details, please refer to the Government of Canada's Information Notice on the Public Service Health Care Plan: canada.ca/en/treasury-board-secretariat/services/benefit-plans/health-care-plan/information-notices/improvements-changes-public-service-health-care-plan.html#tbl2

PSHCP members can locate forms that may be required for exception coverage starting July 1, 2023 on the PSHCP Member Services website: canadalife.com/pshcp

What does this mean for pharmacies?

1. Mandatory generic drug substitution

- Starting July 1, 2023, brand name drugs will be cut back to lowest priced alternative generic drug.
 - Patients who are currently taking brand name drugs will not be cut back to lowest priced alternative generic drug until after December 31, 2023.
- Starting January 1, 2024, all patients will be cut back to lowest priced alternative generic drug.
- If the patient is unable to take the generic version of a drug due to a medical reason, a request for approval of the brand drug must be completed by their health care provider and submitted to Canada Life for review.

2. Prior authorization

- Prior to July 1, 2023, if a member is on any of the prescription drugs that are part of the Prior Authorization program, they will not be required to go through the Prior Authorization process to continue receiving that prescription. However, members may need to switch their existing biologic drug to a biosimilar drug (members in this situation will be contacted directly by Canada Life) *see below.
- After July 1, 2023, if a member is prescribed a drug that is on the Prior Authorization list, they will be required to go through the Prior Authorization process to have the medication pre-approved for reimbursement under the PSHCP.
 - A Request for Information form must be completed with the attending physician/nurse practitioner and submitted to the plan administrator for

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review. Your plan member can access the form on the Member services website canadalife.com/pshcp.

- The list of drugs will be posted on the PSHCP Member services website: canadalife.com/pshcp.
- Special handling for biologic drugs are detailed under the Biosimilar program below.

3. Compound drugs

- Starting July 1, 2023, the existing PSHCP compound PIN 12999999 will no longer be eligible for payment. For new compound submissions and refills that were submitted under PIN 12999999, please submit a TELUS compound PIN, or the DIN and the applicable unlisted compound code.
- Compound drug prescriptions require that at least one active ingredient is covered under the PSHCP plan.
- Cosmetic products are ineligible.
- For further details, please refer to the Compound Submission and Eligibility Guidelines found at the TELUS Health Documentation Centre for Pharmacists telus.com/en/health/health-professionals/pharmacies/support-documents.

4. Biosimilar Program

- Starting July 1, 2023, select biologic originator drug products will be reimbursed up to the cost of the Biosimilar equivalent product.
- Patients established on Biologic originator therapy can continue taking the biologic until Canada Life advises them otherwise.

Questions

If you have any questions, please call the PSHCP Pharmacy Claims Support Centre at 1-800-668-1608.

If a PSHCP plan member has questions, please advise them to call Canada Life at 1-855-415-4414, Monday to Friday 8 a.m. to 5 p.m., caller's local time.

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PSHCP Plan, Pharmacy Reference - July 1, 2023

Effective July 1, 2023, there are changes to the Public Service Health Care Plan (PSHCP) which may have an impact on PSHCP members and their dependants. Below is a summary of all plan design changes for your reference.

PSHCP members can locate any forms for exceptional coverage on the PSHCP Member Services website: canadalife.com/pshcp

Plan design feature	TELUS Return/Reject code	CPhA Return/Reject Code	Member impact	NEW for PSHCP
Mandatory Generic Substitution	Return 6011- Generic Substitution	Return DB - adjusted to interchangeable-gen.plan	<p>Claimant is responsible for the difference between brand and lowest priced alternative generic products when a brand drug is dispensed.</p> <p>For consideration of a brand product, the claimant may submit medical documentation from an authorized Health Care provider to Canada Life.</p>	NEW Plan design effective July 1, 2023
Mandatory Generic Substitution for Tadalafil for BPH PINS	Return 6029- Reduced to Price for DIN 'XXXXXXXX'	Return E9-reduced to price for DIN 'xxxxxxx'	<p>Claimant is responsible for the difference between brand and lowest priced alternative generic products when a brand drug is dispensed.</p> <p>For consideration of a brand product, the claimant may submit a form completed by an authorized Health Care provider to Canada Life.</p> <p>Claimants authorized for this benefit will provide the PIN to the pharmacist for claim submission purposes</p>	NEW Plan design effective July 1, 2023

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Plan design feature	TELUS Return/Reject code	CPhA Return/Reject Code	Member impact	NEW for PSHCP
Biosimilar Program	Return 6029-Reduced to Price for DIN 'XXXXXXXX'	Return E9-reduced to price for DIN `xxxxxxx`	<p>Payments are based on biosimilar drugs where applicable.</p> <p>In some situations, the claimant might be authorized for the biologic originator product and can choose to pay the difference in cost; however, in some cases only the biosimilar will be reimbursed.</p> <p>For consideration of a biologic product, the claimant may submit medical documentation completed by an authorized Health Care provider to Canada Life.</p>	NEW Plan design effective July 1, 2023
Prior Authorization (PA) program	Reject 3075-Prior Auth Required	Reject DX-drug must be authorized	First time claimants of PA drugs will be required to submit medical documentation completed by an authorized Health Care provider to Canada Life.	NEW Plan design effective July 1, 2023
Specialty Drug program	Reject 2060-Patient may qualify for gov't program	Reject HD-patient may qualify for gov't program	Claimant is responsible for applying for provincial coverage and providing the results to Canada Life.	Existing feature
Private COB (Coordination of Benefits)	Return 6045-Reasonable and Customary cost exceeded	Return D6-maximum cost is exceeded	Private COB claims will be reimbursed up to TELUS reasonable and customary amounts as 2nd or subsequent payor. This is in accordance with the TELUS price files and balance billing is not permitted. DIN cost differences cannot be passed on to claimants.	Existing feature
Carrier Approval	Reject Code 1041-Carrier Authorization required	Reject CP-eligible for special authorization	First time claimants of Carrier Approval products will be required to provide medical documentation from an authorized Health Care provider to Canada Life.	Existing feature

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Plan design feature	TELUS Return/Reject code	CPhA Return/Reject Code	Member impact	NEW for PSHCP
Compound drugs	Reject Code 3041-Claimant must submit paper claim	Reject C7-patient must claim reimbursement	<p>The existing PSHCP compound PIN 12999999 will no longer be eligible. Please submit a TELUS compound PIN, or the DIN and the applicable unlisted compound code.</p> <p>Compound drug prescriptions will require that at least one active ingredient is covered under the PSHCP plan.</p> <p>Cosmetic products are ineligible.</p> <p>For further details, please refer to PSHCP Compound Submission and Eligibility Guidelines found in TELUS Health Documentation Centre for Pharmacists (https://www.telus.com/en/health/health-professionals/pharmacies/support-documents).</p>	NEW Plan design effective July 1, 2023

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June 28, 2023

IMPORTANT REMINDER

Update on the Public Service Health Care Plan (PSHCP) adjudication service - Insurer No. 12 -

As we have previously communicated, claims for PSHCP members and their eligible dependents will be administered by Canada Life effective July 1, 2023.

We'd like to remind you about the important items below:

1. There are no changes to the following:

- The PSHCP Carrier ID will remain No. 12
- Your PSHCP Provider Number will remain the same
- TELUS will continue to be the adjudicator for the PSHCP

2. Group numbers

- Continue submitting claims under the current group number 055555 until June 30, 2023.
- Effective July 1, 2023, ask your PSHCP plan members and their eligible dependants for their new benefit card showing one of the group numbers listed below:
 - 052111
 - 052112
 - 052113
 - 052114
 - 052115
- Use the Plan # on the benefit card to update their group number on your system and ensure that the Certificate # and Issue # match the patient profile.
- If your patient did not receive a new PSHCP benefit card, they must complete positive enrolment with Canada Life. If they need assistance with this process, they can call Canada Life at 1-855-415-4414
- You may encounter a claim submission error due to incorrect patient information. This could be due to a discrepancy between the patient enrolment information with Canada Life and the information you have on file. Please confirm with the patient the information used to complete positive enrolment or advise the patient to contact Canada Life for assistance.

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- **Benefit card**

Here is a sample of the Canada Life PSHCP benefit card:



What's new?

1. TELUS is enhancing the Provider Portal to provide more digital solutions as you continue to provide care to your patients.

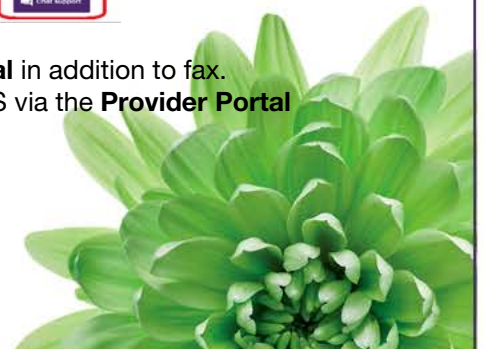
You are now able to reach our Pharmacy Claims Support Centre by using a new **Chat** service. After logging in to the Provider Portal, a chat button will appear at the bottom right, as shown in the sample page below. This can be used for general PSHCP-related inquiries. Please do not put personal health information into this chat, such as patient names and certificates.



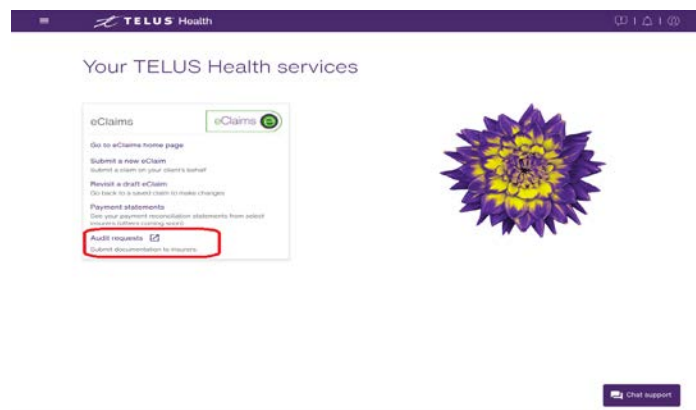
2. TELUS audit requests will be available in the **Provider Portal** in addition to fax. Requested audit documentation can be submitted to TELUS via the **Provider Portal**

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as an alternative option to fax. After successful log-in, navigate to your Menu and select Audit Request. You will then be able to send the requested documents.



Action Required

Please contact your pharmacy management software vendor/provider:

- if you require assistance to update the group number, and
- to confirm that claims under the new group numbers will be submitted under your PSHCP Provider Number.

If you have not yet registered for the Provider Portal, please reach out to the Pharmacy Claims Support Centre to start your registration process.

Questions

If you have any questions, please call the PSHCP Pharmacy Claims Support Centre at 1-800-668-1608.

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